

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001035

1. Entity Name
MCCURDY, GILLION & ASSOCIATES, LLLP



FILED
03 MAY -2 PM 6:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4701 MELROSE AVENUE
TAMPA FL 33629

Mailing Address
4701 MELROSE AVENUE
TAMPA FL 33629



2. Principal Place of Business
600 Sweetwater Creek CT

3. Mailing Address
600 Sweetwater Creek CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Longwood, FL

City & State
Longwood, FL.

4. FEI Number APPLIED FOR

Applied For
Not Applicable

Zip
32779

Country
Seminole

Zip
32779

Country
Seminole

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, DANIEL D ESQ.
712 SOUTH OREGON AVENUE
TAMPA FL 33608

Name
John Gillion

Street Address (P.O. Box Number is Not Acceptable)

600 Sweetwater Creek CT.

City Longwood,

FL

Zip Code
32779

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Gillion

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record, \$9,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000067652
NAME EAGLE WON MANAGEMENT, INC.
STREET ADDRESS 4701 MELROSE AVENUE
CITY-ST-ZIP TAMPA FL 33629

STREET ADDRESS 600 Sweetwater Creek CT.
CITY-ST-ZIP Longwood, FL 32779

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Director

Date

Daytime Phone #

4/28/03 407 682 5328

CR2E003 (10/02)

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